

DRAFT REFERRAL QUESTIONS

Note to Reviewers

Thank you for taking the time to review this document. Please send your feedback electronically, by mail or fax (see below for addresses and phone numbers) by Friday, September 10, 2004. While you review it, note that questions and comments to the reviewer are indicated in blue.

We recently collected feedback from claims staff and managers. The following revised questions are based on their suggestions. Now we need your feedback.

Please look for these changes in format:

- Grouped all psychiatric questions in one section
- Created templates for several types of less complex exams
- Eliminated some questions
- Revised some questions
- Removed the explanations regarding how to rate (this information is in the Medical Examiner's Handbook)

We are certainly open to more simplified questions that cover the issues. We are counting on you to help us improve these. Our goal is to make the IME referral process work as well as possible for all involved and need your input to make that happen. After the edits are complete, we will format this document for the claim managers' dictation process. If you have formatting suggestions for how the final product that is sent to you might look, that would be helpful too.

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DRAFT REFERRAL QUESTIONS

IME Paragraphs

These are standard paragraphs that may be used in dictating IME assignments. Instructions to claim managers are in SMALL CAPS in brackets, located immediately before or after the paragraphs. (For more information about IMEs, see Policy, Procedure, and Task 13.05 and the *Medical Examiners' Handbook*.)

Please select only those paragraphs that specifically address the issues that you need to resolve. For example, if diagnosis has never been in question, you do not need to ask diagnosis questions. If causation is not an issue, do not ask causation questions.

If the IME is for rating and closing only, WAC 296-20-2010 and WAC 296-23-377 require the following:

- A statement that the worker has reached maximum medical improvement
- Pertinent details of the examination performed
- Results of any tests that were done
- An impairment rating
- Rationale for the rating

It is **not necessary** or helpful to ask diagnosis and causation questions unless those are specific issues in the claim.

DRAFT REFERRAL QUESTIONS

IME QUESTIONS

[THIS FIRST PARAGRAPH WILL BE STATED ON ALL IME REFERRAL ASSIGNMENTS. IT WILL BE PART OF THE IME REFERRAL PROCESS IF DICTATED TO WORD PROCESSING AND DOES NOT NEED TO BE STATED BY THE CLAIM MANAGER. HOWEVER, IF THE CM DOES NOT USE WORD PROCESSING TO CREATE THE REFERRAL, THIS PARAGRAPH SHOULD BE INCLUDED IN EVERY IME REQUEST.]

This independent medical examination report is intended for a non-medical audience. Please be sure to explain all causal, diagnostic, and therapeutic logic, deductions and conclusions clearly in lay terms.

EXAM TEMPLATES

Prior to choosing exam paragraphs, consider the purpose for the IME. If the purpose is **PPD** or **Reopening**, an IME Template may be chosen **if** the issues in the claim are straightforward, and if the questions included with the template fit the situation in the claim under review.

There are eight IME Templates:

1. PPD with a category rating, no pre-existing conditions
2. PPD for extremities, no pre-existing conditions
3. PPD for vision, no pre-existing conditions
4. PPD with a category rating, with pre-existing conditions
5. PPD for extremities, with pre-existing conditions
6. PPD for vision, with pre-existing conditions
7. Reopening
8. Fibromyalgia

See Pages 12-21 for the exam templates.

Reviewers: Please pay special attention to the proposed examination templates. For a straightforward case, will the questions asked be sufficient for you to complete your assignment and meet the requirements of WAC 296-20-2010 and WAC 296-23-377?

Please note: The questions are identified for the claims staff and our word processing by letters and numbers. These identifiers will not appear in the assignment letters. When the assignment is typed for mailing the questions will be numbered sequentially for your convenience.

DRAFT REFERRAL QUESTIONS

EXAM PARAGRAPHS

DIAGNOSIS

- D1** Identify each condition you diagnosed and explain the findings that led you to each diagnosis.
- D2** Did you note significant differences between the worker's current history of the industrial injury or occupational disease and the history as reflected in the medical records provided? Please explain.
- D3** Did you note non-anatomic pain behavior, symptom magnification or somatization in the:
- a) Medical history?
 - b) Exam?

Please explain.

CAUSATION

- Cn1** For each medical condition you have diagnosed, please indicate whether the condition was caused or aggravated by the industrial injury or occupational disease, on a more probable than not basis. If the condition was aggravated temporarily, has it now returned to pre-injury status?
- Cn3** Please be sure to rule out other non-occupational factors or exposures known to be associated with the condition. If they are present, what role did they play in the etiology of the health condition?
- Cn4** Has the industrial injury or occupational disease caused a previously asymptomatic condition to become active? If so, please describe the condition(s).

[**Cn4** CAN BE USED IN "LIGHTING UP" SITUATIONS WHERE THE MILLER V. DEPT. OF LABOR AND INDUSTRIES 1939 CASE LAW MAY APPLY. PLEASE USE THIS QUESTION WITH CAREFUL CONSIDERATION OF THE ISSUES TO BE ADDRESSED.]

DRAFT REFERRAL QUESTIONS

PRE-INJURY OR PRE-ILLNESS HEALTH STATUS

[THESE QUESTIONS ARE TO BE USED ONLY IF YOU HAVE PRIOR MEDICAL RECORDS IN THE FILE THAT THE EXAMINER CAN USE AS A COMPARISON.]

- X1** Please describe the worker's medical condition and functional abilities prior to the workplace accident or exposure in question.
- Have the worker's medical condition and functional abilities changed?
 - Please indicate whether your opinion is based on the medical records, the worker's report or both.

DIFFERING MEDICAL OPINIONS

[WHEN USING Q1, FILL IN THE BLANK INDICATING THE SPECIFIC DOCUMENT OR ISSUE IN QUESTION. WHEN USING Q2, CHOOSE ONE OR MORE VARIABLES. USUALLY YOU WILL USE Q1 OR Q2. THE NEED TO USE BOTH SHOULD BE RARE.]

- Q1** Does your present opinion differ from or concur with other medical opinion regarding [VARIABLE—FILL IN THE BLANK]? If your opinion differs, please explain why.
- Q2** Does your specific assessment of the [VARIABLE—CHOOSE a, b, c, OR d OR A COMBINATION OF a, b, c, AND d] differ from or concur with prior medical opinion? Please explain, citing comparisons and examples.
- a) Diagnosis; and/or
 - b) Treatment; and/or
 - c) Ability to work; and/or
 - d) Causal relationship between the industrial injury or occupational disease and the present condition.

MEDICAL TESTING

- T1** Do you recommend further testing to diagnose or rule out conditions related to the injury or occupational disease?
- If so, what tests do you recommend, and why?
 - Non-invasive testing necessary for completion of this assignment is authorized.

MAXIMUM MEDICAL IMPROVEMENT OF MEDICAL CONDITION

- M1** For each industrially related condition you have diagnosed, please indicate if the condition has reached maximum medical improvement as defined in WAC 296-20-01002.

DRAFT REFERRAL QUESTIONS

CONTINUATION OF TREATMENT

- Tx** For each industrially related condition you have diagnosed that has not reached maximum medical improvement, please indicate what further curative or rehabilitative treatment is necessary. Please indicate the:
- Type of treatment,
 - Expected frequency and duration of treatment, and
 - Expected outcome of such treatment

ABILITY TO WORK

[PARAGRAPH **Aw1** SHOULD ALWAYS BE INCLUDED IF ABILITY TO WORK QUESTIONS **Aw2** THROUGH **Aw5** ARE INDICATED.]

Aw1 The worker's employment status is: [VARIABLE—CHOOSE a, b, or c AND FILL IN THE DATE (MONTH/DAY/YEAR)].

- a) Off work since _____.
- b) Modified work since _____.
- c) Found able to work since _____.

Aw2 What are the physical restrictions that prevent this worker from returning to work?

- Which of these restrictions is permanent and which is temporary? Please describe these specific restrictions.
- Which of these restrictions is due to the industrial injury or occupational disease? Please explain.
- Are there any other factors preventing the worker from returning to work?

Aw3 Please review and sign the attached job analysis or analyses, and comment on the worker's ability to perform the job or jobs.

[QUESTION **Aw3** REQUIRES THE CLAIM MANAGER TO ATTACH THE JA (S) READY FOR THE EXAMINER TO SIGN.]

Aw4 Please complete a physical capacities evaluation, and attach the report.

Aw5 How does your physical assessment differ from or concur with the worker's description or perception of his or her physical abilities and limitations?

DRAFT REFERRAL QUESTIONS

PERMANENT IMPAIRMENT

[USE THESE QUESTIONS FOR PERMANENT IMPAIRMENT, INCLUDING REOPENINGS WHEN APPROPRIATE.]

- Pi1** If the worker's condition has reached maximum medical improvement, please indicate if any permanent partial impairment has resulted from the allowed injury or occupational disease.
- Pi3** Does the worker have a previous asymptomatic condition that was rendered active and symptomatic by the industrial injury or occupational disease? If so, the department is responsible for the entire resulting impairment. (Use in cases where the Miller Decision has been applied)
- Pi4** The worker has previously been rated [VARIABLE—ENTER THE PREVIOUS RATING (EX. CATEGORY 2, LOW BACK)]. Please indicate if any increase in impairment has resulted from the allowed industrial injury or occupational disease. Please explain the basis for your opinion.

Backs, Internal Organs, etc.-DOI on/after 10-1-74

Choose the variable if there is a pre-existing condition. Make sure the file includes appropriate medical documentation.

- Pi6** Please select the category that best describes any permanent impairment resulting from this injury or occupational disease, listing all factors for that selection.

[VARIABLE—ENTER THIS ONLY IF THERE IS A DOCUMENTED PRE-EXISTING CONDITION].
Please select the category that describes the worker's condition prior to the industrial injury or occupational disease.

Please specify the objective findings upon which your recommendation is based.

Backs, Internal Organs, Psychiatric Conditions, etc.-DOI 7-1-71 through 9-30-74

- Pi8** Please express your rating as a percentage of total bodily impairment.

Please specify the objective findings upon which your recommendation is based.

DRAFT REFERRAL QUESTIONS

Backs, Internal Organs, Psychiatric Conditions, etc.-DOI prior to 7-1-71

Pi9 Please express your rating as a percentage of the maximum allowed for unspecified disabilities.

Please specify the objective findings upon which your recommendation is based.

Injuries and Amputations to Extremities (any DOI)

Pi10 For conditions of the extremities other than actual amputation, please express your rating as a percentage of an amputation of the [VARIABLE—CHOOSE (RIGHT/LEFT UPPER/LOWER)] extremity or extremities at the appropriate level based on the most current American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment.

Please specify the objective findings upon which your recommendation is based.

Pi10a For actual amputation of all or part of the [VARIABLE—CHOOSE (RIGHT/LEFT UPPER/ LOWER)] extremity or extremities, please base your rating on the amputation level according to the Revised Code of Washington (RCW 51.32.080), which can be found in the *Medical Examiners Handbook*.

Loss of Vision-Any DOI

Pi11 Please rate any disability, resulting from this injury, as the percentage of loss of *uncorrected* central visual acuity.

Please specify the objective findings upon which your recommendation is based.

DRAFT REFERRAL QUESTIONS

PSYCHIATRIC PARAGRAPHS

Note to the reviewer: You'll note that some of the psychiatric questions are duplicates of the others. They are added to this section for the convenience of the claim manager, who will find every available question listed separately in the psychiatric section.

Some of the questions are very similar, with minor wording changes referring to psychiatric disorders or conditions. This will also be numbered sequentially.

Diagnosis (Psych)

Dp1 Is a psychiatric disorder (in excess of normal worry, anxiety, or brooding over the injury or the economic consequences of the medical condition) present?

- Provide a diagnosis made in conformity with the current edition of the Diagnostic Statistical Manual (DSM).
- Explain the logic by which you reached your diagnosis through your records review, diagnostic interview, examination and any psychometric testing.
- Include your responses to Axes 1 through 5.

Dp2 Did you note significant differences between the worker's current history of the industrial injury or occupational disease and the history as reflected in the medical records provided? Please explain.

Dp3 Did you note non-anatomic pain behavior, symptom magnification or somatization in the:

- a) Medical history?
- b) Exam?

Please explain.

Causation (Psych)

Cnp1 For each psychiatric condition you have diagnosed, please indicate whether the condition was caused or aggravated by the industrial injury or occupational disease on a more probable than not basis. If the condition was aggravated temporarily, has it now returned to pre-injury status?

Cnp3 Please be sure to rule out other non-occupational factors or exposures known to be associated with the psychiatric disorder. If they are present, what role did they play in the etiology of the psychiatric disorder?

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Cnp4 Has the industrial injury or occupational disease caused a previously asymptomatic condition to become active? If so, please describe the condition(s).

[**Cnp4** CAN BE USED IN “LIGHTING UP” SITUATIONS WHERE THE MILLER V. DEPT. OF LABOR AND INDUSTRIES 1939 CASE LAW MAY APPLY. PLEASE USE THIS QUESTION WITH CAREFUL CONSIDERATION OF THE ISSUES TO BE ADDRESSED.]

PRE-INJURY OR PRE-ILLNESS HEALTH STATUS (Psych)

[THESE QUESTIONS ARE TO BE USED ONLY IF YOU HAVE PRIOR MEDICAL RECORDS IN THE FILE THAT THE EXAMINER CAN USE AS A COMPARISON.]

- Xp1** Please describe the worker’s mental state prior to the onset of the psychiatric disorder in question.
- Has the worker’s mental state changed?
 - Please indicate whether your opinion is based on the medical records, the worker’s report or both.

DIFFERING MEDICAL OPINIONS (Psych)

[WHEN USING Q1, FILL IN THE BLANK INDICATING THE SPECIFIC DOCUMENT OR ISSUE IN QUESTION. WHEN USING Q2, CHOOSE ONE OR MORE VARIABLES. USUALLY YOU WILL USE Q1 OR Q2. THE NEED TO USE BOTH SHOULD BE RARE.]

- Qp1** Does your present opinion differ from or concur with other medical opinion regarding [VARIABLE—FILL IN THE BLANK]? If your opinion differs, please explain why.
- Qp2** Does your specific assessment of the [VARIABLE—CHOOSE *a, b, c, OR d OR A COMBINATION OF a, b, c, AND d*] differ from or concur with prior medical opinion? Please explain, citing comparisons and examples.
- a) Diagnosis; and/or
 - b) Treatment; and/or
 - c) Ability to work; and/or
 - d) Causal relationship between the industrial injury or occupational disease and the present condition.

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MAXIMUM MEDICAL IMPROVEMENT OF MEDICAL CONDITION (Psych)

Mp1 Has the worker's psychiatric condition reached maximum medical improvement as defined in WAC 296-20-01002?

MEDICAL TESTING (Psych)

Tp1 Do you recommend further testing to diagnose or rule out conditions related to the psychiatric condition?

- If so, what tests do you recommend, and why?
- Non-invasive testing necessary for completion of this assignment is authorized.

CONTINUATION OF TREATMENT (Psych)

Txp Is (further) treatment necessary for the psychiatric disorder? If yes, provide a specific treatment plan with expected functional improvements over time, including a projected time frame for maximum improvement.

ABILITY TO WORK (Psych)

Awp1 Describe any barriers that the psychiatric condition will pose to returning the worker to work. Please be specific. How might the barriers be reduced with additional curative or rehabilitative treatment?

PERMANENT IMPAIRMENT (Psych)

[USE THESE QUESTIONS FOR PERMANENT IMPAIRMENT OF PSYCHIATRIC CONDITIONS]

Pip1 If the worker's condition has reached maximum medical improvement, please indicate if any permanent partial impairment has resulted from the allowed injury or occupational disease.

[VARIABLE--CAN BE USED IN "LIGHTING UP" SITUATIONS WHERE THE MILLER V. DEPT. OF LABOR AND INDUSTRIES 1939 CASE LAW MAY APPLY. PLEASE USE THIS CAREFUL CONSIDERATION OF THE ISSUES TO BE ADDRESSED.]

Note: If the worker had a previous asymptomatic condition that was rendered active and symptomatic by the industrial injury or occupational disease, the department is responsible for the entire resulting impairment.

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Pip4 The worker has previously been rated [VARIABLE—ENTER THE PREVIOUS RATING (EX. CATEGORY 2, PSYCHIATRIC IMPAIRMENT)]. Please indicate if any increase in impairment has resulted from the allowed industrial injury or occupational disease. Please explain the basis for your opinion.

Backs, Internal Organs, Psychiatric Conditions, etc.-DOI on/after 10-1-74

[Choose the variable if there is a pre-existing condition. Make sure the file includes appropriate medical documentation.]

Pip6 Please select the category that best describes any permanent impairment resulting from this injury or occupational disease, listing all factors for that selection.

[VARIABLE—ENTER THIS ONLY IF THERE IS A DOCUMENTED PRE-EXISTING CONDITION].

Please select the category that describes the worker's condition prior to the industrial injury or occupational disease.

Please specify the objective findings upon which your recommendation is based.

REOPENING PARAGRAPHS (PSYCH)

Rp1 A claim can only be reopened if there has been an objective worsening of the allowed condition since the date of closure or the date reopening was last denied.

Please describe the objective findings relative to the allowed condition present now and compare to the objective findings that were present at [VARIABLE—CHOOSE EITHER CLAIM CLOSURE OR LAST REOPENING DENIAL].

If a change in findings is noted, please describe this change.

OR

Would the following suffice for Rp1?

Rp1 Has the allowed condition worsened since the date of closure? Please explain.

Rp2 For each newly contended condition you have diagnosed, please indicate whether the condition was caused or aggravated by the original industrial injury or occupational disease on a more probable than not basis.

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Rp3 Is the worker's present condition more probably than not the result of a progression of a pre-existing or post injury condition that was not permanently affected by the industrial injury or occupational disease?

Rp4 Please be sure to rule out other non-occupational factors or exposures known to be associated with the condition. If they are present, what role did they play in the objective worsening of the industrial injury or occupational disease?

DRAFT REFERRAL QUESTIONS

PPD Template 1: Category Rating System, No Pre-existing Impairment [Ask for PPD IME.] (Used when PPD is the reason for the IME and the issues are straightforward.) The template includes the following questions:

MAXIMUM MEDICAL IMPROVEMENT OF MEDICAL CONDITION

M1 For each industrially related condition you have diagnosed, please indicate if the condition has reached maximum medical improvement as defined in WAC 296-20-01002.

CONTINUATION OF TREATMENT

Tx For each industrially related condition you have diagnosed that has not reached maximum medical improvement, please indicate what further curative or rehabilitative treatment is necessary. Please indicate the:

- Type of treatment,
- Expected frequency and duration of treatment, and
- Expected outcome of such treatment

PERMANENT IMPAIRMENT

Pi1 If the worker's condition has reached maximum medical improvement, please indicate if any permanent partial impairment has resulted from the allowed injury or occupational disease.

Pi6 Please select the category that best describes any permanent impairment resulting from this injury, listing all factors for that selection.

Please specify the objective findings upon which your recommendation is based.

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PPD Template 2: Extremities, No Pre-existing Impairment [Ask for PPD Extremity IME.] (Used when PPD is the reason for the IME and the issues are straight-forward.) This template includes the following questions:

MAXIMUM MEDICAL IMPROVEMENT OF MEDICAL CONDITION

M1 For each industrially related condition you have diagnosed, please indicate if the condition has reached maximum medical improvement as defined in WAC 296-20-01002.

CONTINUATION OF TREATMENT

Tx For each industrially related condition you have diagnosed that has not reached maximum medical improvement, please indicate what further curative or rehabilitative treatment is necessary. Please indicate the:

- Type of treatment,
- Expected frequency and duration of treatment, and
- Expected outcome of such treatment

PERMANENT IMPAIRMENT

Pi1 If the worker's condition has reached maximum medical improvement, please indicate if any permanent partial impairment has resulted from the allowed injury or occupational disease.

Variable needed: Pi10 and/or Pi10a

Pi10 For conditions of the extremities other than actual amputation, please express your rating as a percentage of an amputation of the [VARIABLE—CHOOSE (RIGHT/LEFT UPPER/LOWER)] extremity or extremities at the appropriate level based on the most current American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment.

Please specify the objective findings upon which your recommendation is based.

Usually you will choose Pi10 OR Pi10a. Use of both should be a rare occasion.

Pi10a For actual amputation of all or part of the [VARIABLE—CHOOSE (RIGHT/LEFT UPPER/ LOWER)] extremity or extremities, please base your rating on the amputation level according to the Revised Code of Washington (RCW 51.32.080), which can be found in the *Medical Examiners Handbook*.

PPD Template 3: Vision, No Pre-existing Impairment [Ask for PPD Vision IME.] (Used when PPD is the reason for the IME and the issues are straight-forward.) This template includes the following questions:

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MAXIMUM MEDICAL IMPROVEMENT OF MEDICAL CONDITION

M1 For each industrially related condition you have diagnosed, please indicate if the condition has reached maximum medical improvement as defined in WAC 296-20-01002.

CONTINUATION OF TREATMENT

Tx For each industrially related condition you have diagnosed that has not reached maximum medical improvement, please indicate what further curative or rehabilitative treatment is necessary. Please indicate the:

- Type of treatment,
- Expected frequency and duration of treatment, and
- Expected outcome of such treatment

PERMANENT IMPAIRMENT

Pi1 If the worker's condition has reached maximum medical improvement, please indicate if any permanent partial impairment has resulted from the allowed injury or occupational disease.

Pi11 Please rate any disability, resulting from this injury, as the percentage of loss of *uncorrected* central visual acuity.

Please specify the objective findings upon which your recommendation is based.

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PPD Template 4: Category Rating System, Pre-existing Impairment [Ask for PPD Pre-existing IME.] (Used when PPD is the reason for the IME and there is documentation of a pre-existing condition in the file. Other issues are straightforward.) The template includes the following questions:

MAXIMUM MEDICAL IMPROVEMENT OF MEDICAL CONDITION

M1 For each industrially related condition you have diagnosed, please indicate if the condition has reached maximum medical improvement as defined in WAC 296-20-01002.

CONTINUATION OF TREATMENT

Tx For each industrially related condition you have diagnosed that has not reached maximum medical improvement, please indicate what further curative or rehabilitative treatment is necessary. Please indicate the:

- Type of treatment,
- Expected frequency and duration of treatment, and
- Expected outcome of such treatment

PERMANENT IMPAIRMENT

Pi1 If the worker's condition has reached maximum medical improvement, please indicate if any permanent partial impairment has resulted from the allowed injury or occupational disease.

Pi4 The worker has previously been rated [VARIABLE—ENTER THE PREVIOUS RATING (EX. CATEGORY 2, LOW BACK)]. Please indicate if any increase in impairment has resulted from the allowed industrial injury or occupational disease. Please explain the basis for your opinion.

Pi6 Please select the category that best describes any permanent impairment resulting from this injury or occupational disease, listing all factors for that selection.

Please select the category that describes the worker's condition prior to the industrial injury or occupational disease.

Please specify the objective findings upon which your recommendation is based.

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PPD Template 5: Extremities, Pre-existing Impairment [Ask for PPD Pre-existing Extremity IME.] (Used when PPD is the reason for the IME and there is documentation in the file of a pre-existing condition. Other issues are straight-forward.) This template includes the following questions:

MAXIMUM MEDICAL IMPROVEMENT OF MEDICAL CONDITION

M1 For each industrially related condition you have diagnosed, please indicate if the condition has reached maximum medical improvement as defined in WAC 296-20-01002.

CONTINUATION OF TREATMENT

Tx For each industrially related condition you have diagnosed that has not reached maximum medical improvement, please indicate what further curative or rehabilitative treatment is necessary. Please indicate the:

- Type of treatment,
- Expected frequency and duration of treatment, and
- Expected outcome of such treatment

PERMANENT IMPAIRMENT

Pi1 If the worker's condition has reached maximum medical improvement, please indicate if any permanent partial impairment has resulted from the allowed injury or occupational disease.

Pi4 The worker has previously been rated [VARIABLE—ENTER THE PREVIOUS RATING (EX. 10% OF AMPUTATION VALUE AT THE RIGHT WRIST)] Please indicate if any increase in impairment has resulted from the allowed industrial injury or occupational disease. Please explain the basis for your opinion.

[Usually you will choose Pi10 OR Pi10a. Use of both should be a rare occasion.]

Pi10 For conditions of the extremities other than actual amputation, please express your rating as a percentage of an amputation of the [VARIABLE—CHOOSE (RIGHT/LEFT UPPER/LOWER)] extremity or extremities at the appropriate level based on the most current American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment.

Please specify the objective findings upon which your recommendation is based.

DRAFT REFERRAL QUESTIONS

Pi10a For actual amputation of all or part of the [VARIABLE—*CHOOSE (RIGHT/LEFT UPPER/ LOWER)*] extremity or extremities, please base your rating on the amputation level according to the Revised Code of Washington (RCW 51.32.080), which can be found in the *Medical Examiners Handbook*.

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PPD Template 6: Vision, Pre-existing Impairment [Ask for PPD Vision IME.] (Used when PPD is the reason for the IME and the issues are straight-forward.) This template includes the following questions:

MAXIMUM MEDICAL IMPROVEMENT OF MEDICAL CONDITION

M1 For each industrially related condition you have diagnosed, please indicate if the condition has reached maximum medical improvement as defined in WAC 296-20-01002.

CONTINUATION OF TREATMENT

Tx For each industrially related condition you have diagnosed that has not reached maximum medical improvement, please indicate what further curative or rehabilitative treatment is necessary. Please indicate the:

- Type of treatment,
- Expected frequency and duration of treatment, and
- Expected outcome of such treatment

PERMANENT IMPAIRMENT

Pi1 If the worker's condition has reached maximum medical improvement, please indicate if any permanent partial impairment has resulted from the allowed injury or occupational disease.

Pi4 The worker has previously been rated [VARIABLE—ENTER THE PREVIOUS RATING (EX. 30% LOSS OF CENTRAL VISUAL ACUITY)]. Please indicate if any increase in impairment has resulted from the allowed industrial injury or occupational disease. Please explain the basis for your opinion.

Pi11 Please rate any disability, resulting from this injury, as the percentage of loss of *uncorrected* central visual acuity.

Please specify the objective findings upon which your recommendation is based.

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PPD Template 7: Reopening, [Ask for Reopening IME.] (Used when reopening is the reason for the IME and the issues are straight-forward.) This template includes the following questions:

R1 A claim can only be reopened if there has been an objective worsening of the allowed condition since the date of closure or the date reopening was last denied.

Please describe the objective findings relative to the allowed condition present now and compare to the objective findings that were present at [VARIABLE]—*CHOOSE EITHER CLAIM CLOSURE OR LAST REOPENING DENIAL*].

If a change in findings is noted, please describe this change.

OR

Would the following suffice for R1?

R1 Has the allowed condition worsened since the date of closure?
Please explain.

R2 For each newly contended condition you have diagnosed, please indicate whether the condition was caused or aggravated by the original industrial injury or occupational disease on a more probable than not basis.

R4 Please be sure to rule out other non-occupational factors or exposures known to be associated with the condition. If they are present, what role did they play in the objective worsening of the health condition?

USE OF R3 IS OPTIONAL, ASK FOR IT AS A VARIABLE

R3 Is the worker's present condition more probably than not the result of a progression of a pre-existing or post injury condition that was not permanently affected by the industrial injury or occupational disease?

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Requesting an IME for Fibromyalgia

The claim manager should request an IME for fibromyalgia **ONLY** at the direction of the medical consultant. After receiving the IME report, send the report and the claim file to the ONC for staffing or referral to the medical consultant.

When dictating an IME for fibromyalgia follow the "Instructions for Dictating IMEs" in this Chapter, *with the **exceptions** indicated below:*

- Complete Steps 1-9 as listed.
- For Step 10, request an IME by a rheumatologist.
- Complete Steps 11-14 as listed. [AN IME FOR FIBROMYALGIA SHOULD ONLY ADDRESS FIBROMYALGIA AND MUST NOT ADDRESS ANY OTHER CONDITIONS.]
- **Instead** of Step 15 (canned paragraphs), state: "**This is a FIBRO exam. This is the end of dictation. Thank you.**" [YOU MAY NOT ALTER THE IME FOR FIBROMYALGIA.]

Below is the canned IME for fibromyalgia that will be generated when you indicate that you are requesting a FIBRO exam:

This worker's attending physician has diagnosed fibromyalgia.

To assist the department in the further management of this claim, we ask that you examine this worker and render your opinion as to whether fibromyalgia is a condition currently affecting this worker. If so, we ask for your opinion on the relationship, if any, between the worker's industrial injury or occupational disease and the fibromyalgia condition. Finally, the department would appreciate your views on the appropriate treatment of fibromyalgia, if it affects this patient.

1. Please list the conditions you have diagnosed.
2. For each condition you have diagnosed, please indicate whether it was caused, aggravated, or accelerated as a direct result of the injury in this case.
3. If fibromyalgia is one of the conditions you have diagnosed, please explain in detail how you reached this conclusion. Do the patient's signs and symptoms meet the American College of Rheumatology's (ACR) 1990 Criteria for the Classification of Fibromyalgia? If they do not meet these criteria, please explain the basis for your diagnosis.

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4. If you have concluded that fibromyalgia is caused, aggravated, or accelerated by the industrial injury or occupational exposure, please discuss the basis for your conclusion. Specifically, please address the evidence of any temporal relationship between the worker's industrial injury or occupational exposure and the onset of fibromyalgia, and the biological rationale for this causal relationship. Please cite and discuss any published scientific studies, which support a causal relationship between a traumatic injury or occupational exposure and the development of fibromyalgia.
5. Are further curative treatment measures necessary to resolve any residual effect of this injury? If yes, list:
 - Correctable condition to which a treatment plan will be directed;
 - Treatment modalities;
 - Frequency and duration of recommended treatment;
 - Indicators for treatment measurements; and
 - Treatment outcome.
6. Please specifically indicate those treatment elements necessary for the treatment of fibromyalgia.
7. Routine diagnostic tests necessary for the completion of this assignment are authorized.

Thank you for your assistance.